



REQUEST FOR REASONABLE ACCOMMODATION

This request form must be completed by the supervisor responsible for the initial interview process and the applicant or employee involved in the request. The applicant/employee and the supervisor must sign the form. A copy should be given to the applicant/employee, a copy maintained in the personnel records of the department and a copy with available supporting documentation must be sent to the Employment and Training Bureau of the Iowa Department of Personnel.

SECTION A - POSITION INFORMATION

- | | |
|-----------------------------|------------------------|
| 1. _____
Job Class Title | 2. _____
Department |
| 3. _____
Position # | 4. _____
Location |

SECTION B - PERSONAL INFORMATION (to be completed by applicant/employee)

- | | |
|------------------|------------------------------|
| 1. _____
Name | 2. _____
Telephone Number |
|------------------|------------------------------|
3. Description of requested accommodation:

4. This accommodation is necessary because:

- | | |
|--|------------------|
| 5. _____
Signature (Applicant/Employee) | 6. _____
Date |
|--|------------------|

SECTION C - SUPERVISOR'S COMMENTS

SECTION C - SUPERVISOR'S COMMENTS (continued)

1. I have discussed the essential functions of the position with the applicant/employee and identified that a reasonable accommodation may be required to perform one or more of those functions. I have discussed the possibility of providing an accommodation with the applicant/employee and have the following comments and recommendations:

2. _____ 3. _____
Signature (Supervisor) Date

SECTION D - APPOINTING AUTHORITY'S DECISION

1. The following reasonable accommodation is approved:

2. The following accommodation has been requested and not approved:

3. The reasons for not approving this accommodation are:

4. _____ 5. _____
Signature (Appointing Authority) Date

(Attach more pages or documents as needed)